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PTO/SB/21 (08-03)

3652

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/046,066	
	Patent No.	n/a	
	Filing Date	01/15/2002	
	Issue Date	n/a	
	First Named Inventor	Tye, D.	
Art Unit	Not available	<b>RECEIVED</b> MAR 26 2004 <b>GROUP 3600</b>	
Examiner Name	Not available		
Total Number of Pages in This Submission		Attorney Docket Number	SEVR065STWP

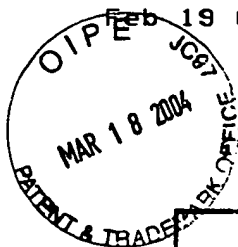
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> <b>Power of Attorney</b> , Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and <input type="checkbox"/> Interference Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
<input type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jo Katherine D'Ambroiso for D'Ambrosio & Associates, P.L.L.C.
Signature	
Date	03/08/04

CERTIFICATE OF TRANSMISSION/MAILING			
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PTO/SB/62 (08-03)

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**REVOCATION OF POWER OF  
ATTORNEY and APPOINTMENT OF  
NEW POWER OF ATTORNEY**

Application Number	10/046,066
Patent Number	n/a
Filing Date	01/15/2002
Issue Date	n/a
Assignee	Severn Trent Services, Inc.
Attorney Docket Number	SEVRAQUA005 <del>SEVRO65</del> BTWP

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number:

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Marwan Nesicolaci

Signature

Date

19 Feb 04

Telephone

310 531-7210

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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